FORMULATED FOR FIRST LINE USE TO MEET THE NUTRITIONAL NEEDS OF CRITICAL CARE PATIENTS

Volume:	1000 ml	
Energy:	1260 kcal	Moderate energy to prevent overfeeding calories
Protein:	100 g (En32%)	Higher protein to energy ratio in line with International Critical Care Guidelines[1-5]
Carbohydrates:	104 g (En33%)	Low total energy percentage of carbohydrates contribution to prevent overfeeding glucose[5]
Fat:	49 g (En35%)	Meet general international recommendations for fat intake[15,16]
Fish Oils:	500 mg	Levels as recommended for general health to prevent deficiency[15] and deemed suitable for routine use in critically ill patients[1-5]
Fibre:	Fibre Free	In line with critical care recommendations[1,3]
Osmolality:	340 mOsmol/kg	Low osmolality to support support gastro-intestinal tolerance[17]
Osmolarity:	275 mOsmol/l	Low osmolarity to support gastro-intestinal tolerance

* 2018 ESPEN guidelines don't present a recommendation for protein nature, which means no change for the recommendation from 2006

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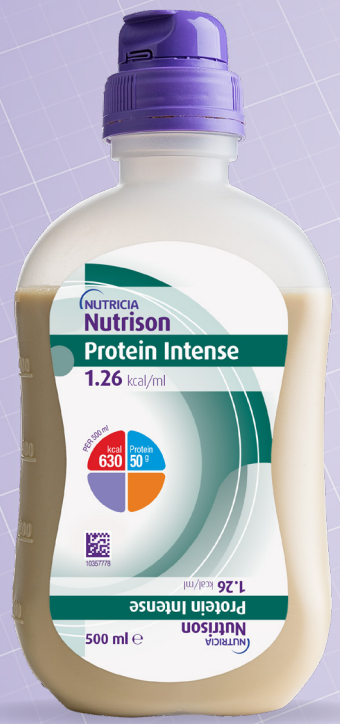
NUTRICIA
LIFE-TRANSFORMING NUTRITION

NEW PRODUCT LAUNCH

NUTRISON PROTEIN INTENSE

The first and only whole protein tube feed with a high protein level that fully meets International Critical Care Guidelines[1-5]



INTRODUCING NUTRISON PROTEIN INTENSE

The first and only whole protein tube feed with a high protein level that fully meets International Critical Care Guidelines[1-5]

Whole Protein

Formulated to meet the latest international nutritional guidelines for critically ill patients with elevated protein needs[1-4]

Unique P4 Protein blend

Contains the unique P4 protein blend which is aligned with the latest international nutritional recommendations on protein quality[6], amino acid requirements[7] and has proven supportive tolerance benefits[8-13]

Scientifically Proven

Scientifically proven to meet protein targets in ICU without over feeding calories[14]

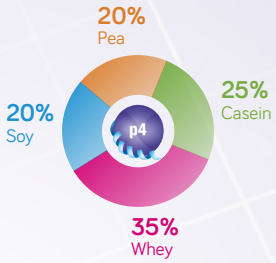
KEY INTERNATIONAL GUIDELINES RECOMMEND TO START FEEDING WITH WHOLE PROTEIN PRODUCTS

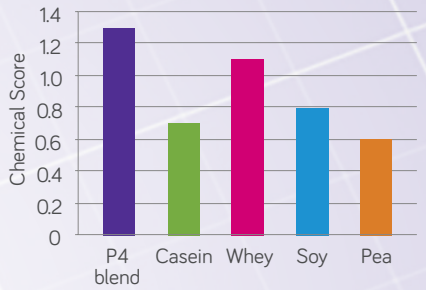
Guidelines	Protein Nature
SCCM/ ASPEN Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient 2016[1]	"Based on expert consensus, we suggest using a standard **polymeric formula** when initiating EN in the ICU setting."
ESPEN Guideline on Enteral Nutrition: Intensive Care 2006[2*]	"**Whole protein** formulae are appropriate in most patients because no clinical advantage of peptide based formulae could be shown."
The Canadian Critical Care Nutrition Guidelines in 2013: An Update on Current Recommendations and Implementation Strategies[3]	"When initiating enteral feeds, the use of **whole protein formulas** (polymeric) should be considered."
Nutrition therapy for critically ill patients across the **Asia-Pacific and Middle East regions** 2018[4]	"Standardized high-protein **polymeric formulas,** comprising whole proteins as opposed to peptides are the preferred choice for most patients receiving nutrition therapy in the ICU."

NUTRISON PROTEIN INTENSE USES P4, A UNIQUE WHOLE PROTEIN BLEND DESIGNED TO SUPPORT TOLERANCE

The first and only whole protein tube feed with a high protein level that fully meets International Critical Care Guidelines[1-5]

P4 blend is proven to have a faster gastric emptying compared to a coagulating casein dominant tube feeds.[8]





The chemical score indicates good overall amino acid mix and hence the quality of a protein. Higher scores are indicative of closely referencing the WHO standards. P4, a blend of high quality proteins has a higher chemical score than individual protein sources.

TRIAL RESULTS

A very high intact-protein enteral formula is suitable as first-line nutritional treatment for critically ill patients as it offers a solution for adequate protein provision according to nutritional guidelines without overfeeding risk[14]

This first trial comparing a very high protein (10g/100ml) with standard high protein enteral formula (6g/100ml) based on whole proteins showed:

Meeting full protein requirements according to international guidelines and recommendations is feasible with this new polymeric high protein enteral feed:

- Higher protein intake (day 5: LS mean 1.5 vs 0.8 g/kg IBWwith $p < 0.001$)
- Protein intake within recommended protein intake range of 1.2 – 2.0 g/kg BW per day
- More subjects reached protein targets of 1.5 g/kg IBW (day 5: 57% vs 0%, $p<0.001$)
- No statistically significant differences found in energy intake between groups
- Increased protein provision with a very high protein feed is seen in increased plasma amino acid concentrations at day 5 and from baseline (p=0.031)
- No difference between the groups in serious adverse events and no difference in gastro-intestinal tolerance.